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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>3896 - 083335 (P-5807) |           |
| Application Number    10/614,079   |            | Filed 7/8/2003                                     |           |
| For    "Point of Care Information Management System"   |            |  |           |
| Art Unit    4156   |            | Examiner    Eliza A. Squires                       |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |  |           |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                            |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65   | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245  | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555  | \$1110.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865  | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175   | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card.<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-0650</u> .<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |            |  |           |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input type="checkbox"/> attorney or agent of record. Registration Number _____<br><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>37,891</u>  |            |  |           |
| <br>_____<br>Signature  |            | <u>January 12, 2009</u><br>_____<br>Date           |           |
| <u>Kirk M. Miles</u><br>_____<br>Typed or printed name   |            | <u>412-471-8815</u><br>_____<br>Telephone Number   |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |  |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |           |